

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000053392

**Entity Name:** ML HOME CARE.INC

**Current Principal Place of Business:**

14850SW 26 ST  
SUITE 205  
MIAMI, FL 33185

**FILED**  
**Apr 26, 2013**  
**Secretary of State**  
**CC2824443950**

**Current Mailing Address:**

14850 SW 26 ST  
SUITE 205  
MIAMI, FL 33185 US

**FEI Number: 74-3179197**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOMINGUEZ, MERCEDES  
14850 SW 26 ST  
SUITE 205  
MIAMI, FL 33185 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	VPD
Name	DOMINGUEZ, MERCEDES	Name	VALLE, EDELMIRA
Address	14850 SW 26 ST	Address	14850 SW 26 ST
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33185

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MERCEDES DOMINGUEZ**

**PRESIDENT**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date